

ever since last week's tough talk in London by American officials about cutting him out of the decision-making process, was to be informed of the allies' latest decision by NATO Secretary-General Willy Klaes.

The coldest feet here apparently belonged to Britain and France. "We have to have at least a nihil obstat from the United Nations at the political level, in the most practical and least obstructive way possible," one French official explained, referring to the Vatican's expression when approving a book for publication. Officials said that Britain, too, was adamant about keeping the United Nations in the decision-making loop as far as possible.

But the allies said that Mr. Boutros-Ghali would need no additional Security Council resolutions to authorize his subordinate military commanders to approve a bombing campaign. If he asked for such a resolution, Russia would almost certainly veto it. The Russian Foreign Minister, Andrei V. Kozirev, refused to go along with the London threat last week.

The allies also agreed that they would have to meet again before any decision to actually begin a campaign of widespread air strikes against Bosnian Serb air defenses and other military targets, and that Mr. Boutros-Ghali would have to agree that it should go ahead, officials said.

Mr. Boutros-Ghali attended last Friday's meeting in London, where the U.S., Britain, and France promised "substantial and decisive response" to any attack on Gorazde, but he said little publicly there.

President Jacques Chirac had described the London decisions to threaten bombing as "not entirely what we were hoping for." He has pressed for a thousand British and French troops to be dispatched to reinforce the United Nations peacekeepers in Gorazde.

Mr. BYRD. I thank again the distinguished Senator from Kansas for her courtesy, and the Senator from Massachusetts [Mr. KENNEDY].

Mr. KENNEDY. Mr. President, I see my colleague from California on the floor. I understand she would like to address the Senate.

RYAN WHITE CARE REAUTHORIZATION ACT

The Senate continued with the consideration of the bill.

Mrs. BOXER. Mr. President, thank you so much. I rise in support, very strong support, of the Ryan White CARE Act. I want to thank my friend and colleague from Massachusetts for giving me just a short period of time to make a few remarks.

I hope I will not have to rush back to the floor to defend against harmful amendments and mean-spirited amendments that attempt to drive a wedge between Members.

The way I view life, we are all God's children, and when we are sick, we should help each other. That is what this bill is all about.

I also want to thank the Senator from Kansas, the chairman of the committee, for moving this legislation to where it is today. It certainly means a lot to many people across this great country that we are responding to the AIDS epidemic.

Indeed, it is an epidemic. An estimated 150,000 people infected with HIV

are living in California. That is a huge number of people, Mr. President, who are looking to Members for help. We cannot solve every problem for every person. We know that. But the Ryan White CARE Act is the basis for having matching dollars flow into our communities, to help those who need it most. The Ryan White CARE Act provides funding for health care and supportive services for people living with AIDS.

Title I of the act talks about the cities that are under great stress and great duress because of this epidemic. In California, we have seven title I cities: San Francisco, Los Angeles, Oakland, Anaheim in Orange County, Riverside/San Bernardino, San Diego, and Santa Rosa/Petaluma. Two more cities, San Jose and Sacramento, unfortunately, are expected to qualify for funding next year. I say "unfortunately" because it means that the devastation of AIDS continues to spread to new cities—not only in my State of California, Mr. President, but across this great Nation.

Through this act, we provide funding for statewide programs that reimburse patients for the cost of medicine. They provide insurance coverage and health and supportive services. And, title III(B) supports community-based health care clinics that are so important to outpatient services.

Title IV, Mr. President, supports pediatric, adolescent, and family HIV care programs.

Mr. President, at this point I want to mention a name of a woman who died who had dedicated her life to making sure that we paid attention to pediatric AIDS. That is Elizabeth Glaser, one of the greatest people I have ever met in my entire life. I feel blessed that somehow I crossed her path in my life.

This is a woman who saw tragedy, who got the HIV virus through a transfusion, and unknowingly—because it was so early in the epidemic—passed it on to two children. Her husband, Michael, who has taken up the cause, has lost so much love from his life, but yet he remains dedicated to making sure we find a cure for AIDS, and that we prevent the AIDS virus being transmitted from the pregnant woman to her child.

We are seeing some breakthroughs, Mr. President, in this regard. The early use of AZT seems to work in many, many cases so that the children do not get HIV and they are born healthy.

It is very important that we continue the Ryan White CARE Act and all the titles in the Ryan White Act. We know the Ryan White CARE Act is cost effective. The lifetime cost of treating a person with AIDS is over \$100,000, with an average yearly cost of \$38,000. People say, why do we spend money in the Federal Government? In this case and in other cases we could point to, we really save money in the end, because this act works to keep people out of the hospital where the care is the most expensive. It allows individuals to con-

tinue on with productive lives in their communities.

One California study found that individuals receiving managed outpatient care services spent 8 less days in the hospital, saving \$22,000 per person, or a total of \$13 million in health care costs per year.

Mr. President, I hope that my colleagues on the committee are aware of this program supported by the Ryan White CARE Act. Senator FEINSTEIN mentioned it in her wonderful opening remarks today. There is a program that operates in California called Project Open Hand. Saturday, I went to visit the program. I was really moved to see the kind of community spirit that this program promotes. We talk about saving money. This program feeds people with HIV and AIDS who need that kind of help, people who may be too tired or too sick to cook healthful meals for themselves.

It is interesting to note that there are huge donations to Project Open Hand, and an enormous number of volunteers. When we look over the budget, 18 percent of the budget comes from Ryan White funds, but all of rest of it flows into the program in a 5-to-1 ratio. The Ryan White money brings in a match of almost 5 to 1 to Project Open Hand, which serves more than 1,000 people every day. It is extraordinary to see the way it is done.

I watched them prepare the meals there. They have different diets for different people. Some have to be no salt, some low salt—and it is all done in a way that is so efficient. So many volunteers give of themselves.

Mr. President, even with Ryan White funds, title I cities have tremendous unmet needs. For example, in California, 62 percent of those in need of HIV primary care do not receive those services in Los Angeles; 73 percent of people with HIV in Orange County cannot get case management services; 45,000 publicly-funded home health care visits are needed for people with AIDS and HIV in Alameda County and there are no funds to help people with their transportation costs. They have no way to get to outpatient clinics.

Mr. President, 40 percent of HIV infected individuals in Riverside and San Bernardino County—which we call the inland empire in California, that is inland from the coast—40 percent of those HIV-infected individuals there are receiving services through the Ryan White CARE Act because they have no health insurance whatsoever.

In San Diego, we have at least 900 additional people with AIDS in its system who were diagnosed and reported elsewhere. In other words, they came from Mexico and other areas to get treatment in San Diego, so there is a terrible problem there.

An estimated 1,000 people with HIV are homeless in San Francisco.

So, in conclusion, to my friends whom I thank so very much for bringing this bill forward, this bill is crucial. It is crucial to people with HIV

and AIDS. And I want to point out something that is often lost. The groups today that are most at risk are heterosexual women and our young people. So, if there is an attempt on this Senate floor to ghettoize this disease, I will be back to speak out. Again, we are all God's children. We must help each other. We are all Americans. We are in this together. We must confront AIDS forcefully and directly, provide the necessary funding that will be matched by States and localities, and a very generous private sector.

So I am very pleased to be here in support of this bill.

I yield the floor.

The PRESIDING OFFICER. The Senator from Kansas.

Mrs. KASSEBAUM. Mr. President, we had many of the opening statements on Friday and are prepared to move forward with amendments now. The Senator from North Carolina [Mr. HELMS] has suggested I go ahead with an amendment.

AMENDMENT NO. 1852

(Purpose: To provide for the adoption by States of the CDC guidelines for pregnant women)

Mrs. KASSEBAUM. Mr. President, I send an amendment to the desk and ask for its immediate consideration.

The PRESIDING OFFICER. The clerk will report.

The assistant legislative clerk read as follows:

The Senator from Kansas, [Mrs. KASSEBAUM], for herself and Mr. KENNEDY proposes an amendment numbered 1852.

Mrs. KASSEBAUM. Mr. President, I ask unanimous consent that reading of the amendment be dispensed with.

The PRESIDING OFFICER. Without objection, it is so ordered.

The amendment is as follows:

At the appropriate place, insert the following new section:

SEC. . CDC GUIDELINES FOR PREGNANT WOMEN.

(a) REQUIREMENT.—Notwithstanding any other provision of law, a State described in subsection (b) shall, not later than 1 year after the date of enactment of this Act, certify to the Secretary of Health and Human Services that such State has in effect regulations to adopt the guidelines issued by the Centers for Disease Control and Prevention concerning recommendations for immunodeficiency virus counseling and voluntary testing for pregnant women.

(b) APPLICATION OF SECTION.—A State described in this subsection is a State that has—

(1) an HIV seroprevalance among child bearing women during the period beginning on January 1, 1991 and ending on December 31, 1992, of .25 or greater as determined by the Centers for Disease Control and Prevention; or

(2) an estimated number of births to HIV positive women in 1993 of 175 or greater as determined by the Centers for Disease Control and Prevention using 1992 natality statistics.

(c) NONCOMPLIANCE.—If a State does not provide the certification required under subsection (a) within the 1 year period described in such subsection, such State shall not be eligible to receive assistance for HIV counseling and testing under the Public Health

Service Act (42 U.S.C. 201 et seq.) until such certification is provided.

(d) ADDITIONAL FUNDS REGARDING WOMEN AND INFANTS.—

(1) IN GENERAL.—If a State described in subsection (b) provides the certification required in subsection (a) and is receiving funds under part B of title XXVI of the Public Health Service Act for a fiscal year, the Secretary of Health and Human Services may (from the amounts available pursuant to paragraph (3)) make a grant to the State for the fiscal year for the following purposes:

(A) Making available to pregnant women appropriate counseling on HIV disease.

(B) Making available outreach efforts to pregnant women at high risk of HIV who are not currently receiving prenatal care.

(C) Making available to such women testing for such disease.

(D) Offsetting other State costs associated with the implementation of the requirement of subsection (a).

(2) EVALUATION BY INSTITUTE OF MEDICINE.—

(A) IN GENERAL.—The Secretary of Health and Human Services shall request the Institute of Medicine of the National Academy of Sciences to enter into a contract with the Secretary for the purpose of conducting an evaluation of the extent to which grants under paragraph (1) have been effective in preventing the perinatal transmission of the human immunodeficiency virus.

(B) ALTERNATIVE CONTRACT.—If the Institute referred to in subparagraph (A) declines to conduct the evaluation under such subparagraph, the Secretary of Health and Human Services shall carry out such subparagraph through another public or non-profit private entity.

(C) DATE CERTAIN FOR REPORT.—The Secretary of Health and Human Services shall ensure that, not later than after 2 years after the date of the enactment of this Act, the evaluation required in this paragraph is completed and a report describing the findings made as a result of the evaluation is submitted to the Congress.

(3) FUNDING.—For the purpose of carrying out this subsection, there are authorized to be appropriated \$10,000,000 for each of the fiscal years 1996 through 2000. Amounts made available under section 2677 for carrying out this part are not available for carrying out this subsection.

Mrs. KASSEBAUM. Mr. President, I rise to offer this amendment on behalf of myself and Senator KENNEDY, the ranking member of the Labor and Human Resources Committee. This amendment is aimed at preventing the prenatal transmission of HIV from mothers to newborn infants. Because new research findings show that when pregnant women with HIV take AZT—which is a treatment that shows positive results for those who have contacted the AIDS virus—it can protect their infants if taken at the right time. I believe we should make testing and treatment available to all who could benefit from this approach. Our amendment would begin to meet this objective.

As many of my colleagues know, the Centers for Disease Control and Prevention recently released guidelines for voluntary HIV counseling and testing of pregnant women. These guidelines call for health providers to offer HIV testing to all women.

The CDC guidelines were developed after recent research showed that HIV transmission to newborns from in-

fectured mothers could be dramatically reduced. If pregnant women with HIV take AZT during pregnancy, they can decrease the transmission rate to their newborns from 25 to 8 percent—this is a dramatic reduction.

In response to these findings, and from a desire to protect the health of newborns, the amendment we offer would require States with the greatest number of HIV-infected newborns to implement the CDC guidelines. Under this proposal, 11 States plus the District of Columbia, which account for 80 percent of all newborn HIV cases, would qualify to receive grants from the Public Health Service to help offset some of the costs of testing and treatment.

I offer this amendment as an alternative to a proposal which is being advanced in the House of Representatives, by Congressman COBURN of Oklahoma. To address this problem, the Coburn amendment would test newborn infants for HIV. I believe this is the wrong approach. It seems to me that it is most important that we test the mother at a time in the process in which we could potentially intervene. The Coburn amendment would allow for voluntary testing of the mother but would mandate testing of those babies whose mother had failed to be tested during her pregnancy. I regret that, under the Coburn amendment, it seems to me, that testing of newborns would not prevent HIV transmission. This why I think it is important to start the process at an earlier period of time, rather than after the birth of the newborn infant.

As many of my colleagues know, I would actually prefer mandatory testing of all mothers during pregnancy for HIV. I support such an approach because I believe it would be the most effective way to prevent HIV transmission to newborns. However, I am not advancing a mandatory testing approach at this time because of the concerns that have been raised by many. These include increased Federal Medicaid expenditures, unfunded State mandates, and a decrease in pregnant women seeking prenatal care.

For all of those reasons I decided it was best to not make it mandatory, but to follow the CDC guidelines in the 11 States where 80 percent of the cases have, in the past, occurred. I believe this amendment, which will provide funding to States to implement the voluntary CDC HIV counseling and testing guidelines, and is an effective way to protect our Nation's newborn infants. As such, I urge colleagues' support for this measure.

The PRESIDING OFFICER. The Senator from Massachusetts.

Mr. KENNEDY. Mr. President, I rise in strong support of the amendment put forward by the Senator from Kansas. It represents a responsible approach to an important issue. I am pleased we are taking action on it at the outset of this debate. The CARE Act is about providing health care and

hope to people living with HIV disease. It is about making the promise of advances in biomedical research a reality in the lives of our fellow Americans in need.

Research has demonstrated we can reduce the transmission of HIV from mother to child by providing HIV positive pregnant women with AZT, during the second or third trimesters of pregnancy and during delivery. In so doing, we can save young lives and help keep families together.

In response to this important discovery, public health officials and maternal and child health care providers have worked closely with the Centers for Disease Control to design guidelines for standards of medical practice that will help to maximize the impact of this discovery. Earlier this month, the CDC issued guidelines recommending that all pregnant women receive counseling about the benefits of seeking HIV testing, and that such testing be made available on a voluntary basis.

Where this is currently being done, more than 95 percent of the women have sought voluntary HIV testing. I think that is really the heart of this whole amendment that Senator KASSEBAUM has talked about.

We have a nationwide problem. The amendment is focused in the areas where there is the greatest need, and has been encouraged by voluntary counseling. And where we get the voluntary testing and where we have the appropriate kind of counseling consistent with the CDC guidelines, you get 95, even higher percentage. Dr. Koop, who has been working in this area, talks about areas and communities that are up to 98 percent, which is what, obviously, we are interested in doing. If effectively implemented, the guidelines will make a tremendous difference.

So the amendment offered by the Senator from Kansas will ensure that these guidelines are implemented in those States with the most significant problems. We know that more than 80 percent of the cases of pediatric AIDS occur in 11 States, including my own State of Massachusetts. The amendment will ensure action by these States. It authorizes funds to assist them with that action.

This approach is supported by the Academy of Pediatrics, the American Medical Association, the March of Dimes, the Governors, the State Health Officers, the State AIDS Directors, the Pediatric AIDS Foundation, and a host of other public health and social service organizations.

We talked with Dr. Koop yesterday, who strongly supported this action as the most responsible means of moving toward this important issue.

So, Mr. President, I urge the Senate to accept it. I think what we have found out in the whole battle on AIDS is where we work toward encouragement and work with consultation and counseling, we get a very positive response. That is what this particular

measure does. If we were to come back in a more compulsive situation which has been recommended by others, what has happened—and the data reflect this—is that there is less of a desire and willingness to move ahead and get the test.

This I think makes sense from a public health point of view. It makes particular sense with regard to the children. And it makes sense from a scarce-resource point of view.

So I commend the Senator for this amendment and urge its adoption. I think it is a very, very important one. It is the result of research that has been going on at the Centers for Disease Control.

We have 7,000 infants that are born each year that are HIV. Three-quarters of those will be free and on their own within about a year or a year and a half. But, as the Senator's amendment points out, with the addition of AZT treatment, that number comes down to only about 8 percent.

So the way that the Senator has proposed I think maximizes the opportunities to help and assist the infants, and also will get them the most positive response and do it in a way which is financially most responsible.

I commend her for this approach and urge our colleagues to accept this amendment.

The PRESIDING OFFICER. Is there further debate on the amendment?

The PRESIDING OFFICER. The Senator from North Carolina.

Mr. HELMS. I thank the Chair.

Mr. President, I do not know how anybody can oppose this. I certainly support it. I think that we should expedite the consideration of this bill by letting all amendments possible be approved on voice vote, and not get into any high-jinks about second degree. I am not going to second-degree anybody's amendment. We can save a lot of time if we do not get involved in that, and can get this Ryan White bill behind us.

I certainly approve of this amendment. I urge its adoption.

Mr. HATCH. Mr. President, I rise in support of the Kassebaum-Kennedy amendment to S. 641 which essentially adopts the guidelines of the U.S. Public Health Service [PHS] which require counseling and voluntary testing of pregnant women who are at risk for HIV infection.

The PHS has issued guidelines in the following areas: Information for both infected and uninfected pregnant women which will help improve their health and that of their infants; laboratory considerations involved in HIV testing of these populations; and necessary follow-up services for HIV-infected women, their infants and other family members.

The guidelines released this month by the PHS are an excellent model. They recommend that health care providers ensure that all pregnant women are counseled and encouraged to be tested for HIV infection. This will

allow women to know their infection status, which can both help them maintain their own health and reduce the risk for perinatal HIV transmission.

The guidelines also emphasize that HIV testing should be voluntary. Health care providers should counsel and offer HIV testing to women as early in pregnancy as possible so that informed and timely therapeutic and reproductive decisions can be made.

The issue of mandatory testing is one I have studied in great detail. I understand the reasons why requiring mandatory testing of pregnant women or newborns may seem like a good idea. However, I have concluded, that such a mandate, while well-intentioned, often has the opposite effect of turning those women who are most likely to be infected with the HIV virus away from the system.

The issue boils down to access and trust; mandatory testing accomplishes neither.

My reasoning is as follows:

The idea of mandatory testing creates a great deal of apprehension and fear in precisely those women whom we would want to test.

Some women fear that if there were mandated testing, it may not be accompanied by necessary informed consent.

Others fear they may not be informed of the results of their HIV status.

We unfortunately have a tragic precedent for this with the infamous Tuskegee experiments; African-American men in the South were tested for syphilis and were not treated if found to be positive for the disease. The fact that they were uninformed about the testing and not treated, continues to tarnish the reputation of the public health establishment.

For many, especially the poor who utilize the public health system, there is often very little trust of a system which is not responsive to their health care needs, poorly staffed, over-crowded and ill-equipped to provide the necessary services.

Mandating treatment for all pregnant women independent of their risk factors for HIV significantly increases the rate of false positive results.

In other words, due to the sensitivity and specificity of testing for HIV, indiscriminate mandatory testing increases the likelihood that women who are falsely positive will be treated.

And, as I understand it, while AZT is a potentially life saving medication which has helped literally thousands of people, it is not without significant side-effects and morbidity. We should not be subjecting individuals who may not be HIV positive to unnecessary treatment.

Mandating testing without providing the treatment merely sets up the largely false expectation that services will be provided.

This would be a cruel hoax for those individuals who may test positive and not have the access to appropriate medical services.

Scientific prospective clinical trials reveal that early detection of HIV-infected mothers and subsequent treatment with AZT reduces the transmission rate of HIV to the newborn by a third.

The key to prevention and appropriate treatment is education and counseling of the pregnant woman.

I think that the Kassebaum-Kennedy amendment address these issues in a responsible way.

This amendment shows that the Senate is on the side of counseling and voluntary testing as advised by our Nation's top public health experts. Education and prevention remain our best weapons against this horrible epidemic.

I thank Senators KASSEBAUM and KENNEDY for developing this dialog, and hope this amendment is a position we can maintain in conference.

The PRESIDING OFFICER. Is there further debate on the amendment? If not, the question is on agreeing to the amendment.

The amendment (No. 1852) was agreed to.

Mr. HELMS. Mr. President, I move to reconsider the vote by which the amendment was agreed to.

Mrs. KASSEBAUM. I move to lay that motion on the table.

The motion to lay on the table was agreed to.

Mrs. KASSEBAUM. Mr. President, I appreciate the comments of the Senator from North Carolina. I am glad to start off with such a positive amendment and share with him that I think it is important to debate these amendments, just the value of amendments as they are presented. I think that we both share the desire to move forward on this legislation. I appreciate the comments of the Senator from North Carolina.

Mr. HELMS. I thank the Senator from Kansas.

Mr. HELMS addressed the Chair.

The PRESIDING OFFICER. The Senator from North Carolina.

Mr. HELMS. Mr. President, I thank the Chair.

Mr. President, as the Senate proceeds to the consideration of the proposal to reauthorize the so-called Ryan White CARE Act of 1990, there are so many ironies, that I feel obliged to call attention to some of them. Although the homosexual activists of America have created a virtual minefield for any Senator who dares raise a question about the legislative history of this proposal.

These homosexual activists have managed to convince the news media, and a surprising number of Senators, that it is irrelevant to talk about who and what really caused the death of Ryan White—Ryan White, the 18-year-old hemophiliac who died of AIDS because tainted blood was pumped into his veins, blood that was tainted in the first place by a homosexual conduct somewhere generations back.

The Centers for Disease Control was quite candid in the early 1980's as to

when and how the AIDS disease was brought to America. The CDC may be somewhat politically correct now.

In any event, I have in hand a volume which I obtained on loan from the Library of Congress, a book authored by Randy Shilts entitled "And the Band Played On." Newsweek magazine described this book in 1987 as "compelling and often shocking, impassioned, and path breaking, the best book yet on AIDS."

The Washington Post described it as "a monumental history."

Time magazine called the book "stunning and impressively researched, a richly detailed narrative."

The Chicago Tribune described it, "It reads like a good medical sleuth story. But it is not fiction. It is a painstakingly detailed history."

Mr. President, let us emphasize how virulent the AIDS virus is. A Canadian airline flight attendant, who knew he had AIDS and whose name is a matter of record, flew into the United States, and over a period of time—I am quoting from page 147 of Mr. Shilts' book—the Canadian airline flight attendant "established sexual links between 40 patients in 10 cities. The role played by the flight attendant was remarkable," Mr. Shilts says. And he continues, "At least 40 of the first 248 homosexual men diagnosed with HIV or AIDS in the United States as of April 12, 1982 either had had sex with the flight attendant or had had sex with someone who had."

Mr. Shilts continued, "The links sometimes were extended for many generations of sexual contacts, giving frightening insight into how rapidly the epidemic had spread before anybody knew about it."

Mr. President, I include those details to emphasize the virulence of HIV, AIDS, and it has been that way since the very beginning. Yet, I know of not one homosexual organization that has advocated abstinence from engaging in the incredibly offensive and revolting conduct that has led to the proliferation of AIDS; not to this good day has there been even a hint that abstinence should be followed. No. The homosexual activists have gone precisely in the other direction, demanding more and more Federal funds for research and special funding for personal care available to no other Americans suffering and dying of other diseases like cancer, heart disease, diabetes, and Alzheimer's.

This is a unique piece of legislation. It was in 1990, and it still is. There has never been a bill like this for any other disease.

The ferocity of the lobbying and the intensity of media criticism of anyone raising a question about all of this has caused many in Congress to go along with the questionable demands of the homosexual lobby.

I myself, Mr. President, have taken the heat, but I will not be deterred. The Senate probably will pass this bill again, and the House has already

passed it. And it may become law because President Clinton will rush and sprain his ankle grabbing a pen to sign it.

I have intended to have my say, and I have intended to offer a number of amendments for the consideration of Senators to vote for or against as they please. But I think the Senate ought to go on record.

Let us examine some of the support the American taxpayers are forced to give to a comparison of diseases. Let us start off with AIDS.

This year, \$2,700,000,000 for AIDS. That is the tab Congress has demanded that the American taxpayers furnish.

That is more money than for any other disease.

The Congressional Research Service breaks down the money like this:

This year, \$1.548 billion for research, \$491 million for so-called prevention or education programs—and I will get into that in just a minute—and \$664 million for treatment. And this is only for fiscal year 1995.

The fiscal year 1996 request totaled a whopping \$2.9 billion—\$1.819 billion for research, \$526 million for prevention or education, and \$555 million for treatment programs.

Now, the disease AIDS ranks No. 8 in America among all of the diseases in terms of causing death. The No. 1 killer is heart disease followed by cancer, followed by stroke and lung disease, diabetes, Parkinson's disease, Alzheimer's, and so forth.

But do they get money like this? No. AIDS is No. 8—No. 8—yet AIDS gets more Federal money than any of the other diseases. If memory serves me correctly, the original 1990 Ryan White bill was funded with money taken from a fund originally allocated for Alzheimer's disease. The Federal Government spends \$91,000 for every patient who dies of AIDS. The Federal Government spends \$5,000 for each American who dies of cancer.

I know the advocates of this Ryan White reauthorization bill will claim that comparisons are odious, but there is a great big odor rising from the manner in which Congress is falling all over itself to do what the homosexual lobby is almost hysterically demanding that Congress do.

Now, then, I am a little bit fascinated by a clause in this existing bill that is now the pending business, language which authorizes—and let me quote from the bill—"appropriations of such sums as may be necessary for each of the fiscal years 1996, 1997, 1998, 1999, and 2000."

Supporters of the bill say, "Oh, well, do not worry about that, Jesse. That does not mean anything. It still will have to go through the authorization and appropriations process each year."

Well, if that is so, Mr. President, if it does not mean anything, let us take out that reference to "such sums as may be necessary." I will bet you a quarter not one of the proponents will agree to that. Of course, it means something.

While I am at it, let me raise a question about the provision in this Ryan White bill's title V which creates new education and training centers related to homosexuality and AIDS.

Mr. President, this bill is silent in seven languages about teaching the importance of abstinence. It is not even mentioned. Abstinence, I say again and again and again, is the only way AIDS will ever be brought under control. And the activists do not even use the word or permit it to be used.

There is general agreement among scientists that the biggest risk for contracting HIV or AIDS is the number of sexual partners homosexuals have. The more promiscuous a homosexual, the greater his risk of contracting HIV or AIDS, and, by the way, infecting innocent people like little Ryan White, whose name is being exploited in this legislation, who had nothing to do with that. He was innocent.

Reliable surveys, Mr. President, show that many homosexuals average 16 different sex partners every month, 182 partners per year. And my source for that is a document "Hepatitis B Cohort Study of 1980," and I have it available for any Senator who wants to see it.

Now, is it not clear, Mr. President, that AIDS is a chronic disease of sexually promiscuous people? And a lot of innocent people like Ryan White are caught up in it, unknowingly and without any misconduct on their part.

Let me move on. Mr. President, you would not believe the stonewalling that has been going on in and by the Clinton administration to prevent my staff and me from obtaining statistical information about how these millions and billions of dollars of the taxpayers' money are to be spent and have been spent in the past. You call HHS—and we have the date and time and the name of the people we talk with—and they say they do not know, that there is no monitoring going on.

Stonewalling, that is what we have. But I say this, and I say it with all the sincerity I possess, that before the Senate Appropriations Committee acts on this bill, S. 641, I hope Senators HATFIELD and BYRD and all of the members of the Appropriations Committee will insist on credible documented information about who has received the Ryan White funds since the enactment of the 1990 version of the Ryan White CARE Act.

That is all I ask. If Senator ROBERT C. BYRD says it is all right, after he has looked at the information, I will be reasonably satisfied because I trust Senator BYRD. We do not belong to the same party. We do not agree on everything. But I respect him as an honorable gentleman. I think the American people will be appalled by what their hard-earned tax dollars are supporting in fact. Nobody knows now. I am sure NANCY KASSEBAUM has no idea what is going on because I know this lady. I know her inclinations, and I know her character. But a lot of things are going on that have not been discussed or dis-

closed to the Congress of the United States let alone the American people.

For example, I have a brochure from the Gay Men's Health Crisis.

By the way, I hate to use the word "gay" in connection with sodomy. There is nothing gay about these people. "Gay" used to be a beautiful word. It has been corrupted, but that is another argument for another day.

This Gay Men's Health Crisis organization put out a brochure describing various and sundry methods of homosexual sex. Now, I have been around the track a long time, and I have seen a lot of things in my lifetime, but I can just imagine how the average American would react if they could see what this is all about. Not once—I reiterate, not once—is abstinence mentioned as the way to avoid HIV infection. They do not want abstinence.

Senators may be interested in an advertisement by another homosexual outfit, the so-called Whitman Walker Clinic in Washington. This advertisement says: "If you visit a bath house remember to always use a latex condom. Used properly latex condoms prevent HIV, AIDS and other sexually transmitted diseases."

Now, this statement is blatantly false. It is inaccurate. It is misleading. And yet taxpayer funds are being used to circulate this falsehood, giving false hope to homosexuals in their many and various liaisons.

Then there is the Washington Blade, which is a homosexual newspaper published here in Washington, DC. They have a pink section they call Lights Out. The implications are obvious on that. This pink "Lights Out" section is dedicated exclusively to advertising for anonymous dates, sexual encounters. No names are given. You just pick this one that sounds good to you, and there you go. Decency prevents me from reading the so-called classified ads out loud on the Senate floor. Suffice it to say here comes the Whitman Walker Clinic again. This time implying, "Just do it, but do it with a condom." And they know that is not so. They know that it is not so. The Whitman Walker Clinic, which receives Ryan White CARE Act money from the American taxpayers, who care for people with HIV or AIDS, leads homosexuals to believe that as long as you use a condom it is safe to have anonymous sexual encounters.

Now, what kind of use of the American taxpayers' money is that? People say, it is hateful for JESSE to talk about this. But somebody needs to talk about it. Somehow the American people need to know and deserve to have an understanding of what is going on, not get up here with all of the plaintive remarks about Ryan White. Let us talk about what killed Ryan White. Who furnished the tainted blood? Where did it come from? I met the little boy one time. I was sorry for him then, and I am sorry that he is dead now. But it was not accidental. There was some-

body who did not care, who furnished tainted blood.

Now, the Gay Men's Health Crisis and the Whitman Walker Clinic are not the only such homosexual outfits receiving Ryan White funds advocating so-called safe sex. As I said earlier, I do not believe Senators could possibly believe the stonewalling by the Clinton administration to prevent us, my staff and me, from obtaining accurate, verifiable statistical information on precisely how these millions and billions of dollars have been spent and will be spent. I think it is a legitimate question for the legislative branch to ask the executive branch. But not the Clinton administration. Nobody. That is off limits. They have got a deal. The Senate is debating whether or not to reauthorize this act for appropriations of such sums as may be necessary, and nobody can tell me and nobody can tell the American people exactly where this money is going and for what it is being spent.

Oh, you hear all of the wonderful stories about how these people say it is being spent. And I suppose some of it is being spent for good purposes. But Congress does not monitor this, and HHS will not let anybody monitor it. So it is sort of a closed shop, do you not see?

Incidentally, speaking of the word "care," I have been the butt of a lot of diatribes lately, like the New York Times, which put words in my mouth that I had not said. And these editorial writers around the country somewhere along the line gave up this responsibility of checking for themselves what the facts are and what was really said. They pick up a report from the New York Times, and they rush to their little hot typewriters or little hot microphone or camera and say, "Oh, you cannot talk about this. This is a hateful thing to do."

It is all right with me what they say. I do not care. I do not talk to them much anyway because they will take a snippet here and a snippet there and about 5 seconds here and 5 seconds there, and they will make the quote say what they want it to say. The first amendment does not require that they be honest or fair about anything.

For the record, Mr. President, let me say that I do not hate anybody, but I have been accused of it in editorial after editorial. I do not hate homosexuals. I do not even know any homosexuals. But what I do not like is for the Congress of the United States to bow and scrape to homosexual pressure and give them Federal funds and rights and privileges that other Americans are denied. That is what I do not like. And, yes, Mr. President, I have a deep sympathy for homosexuals who are dying of AIDS because of their having deliberately—deliberately—placed their lives at risk. I have deep sympathy for anybody who sticks a loaded pistol in his mouth and pulls the trigger. You are playing Russian roulette

either way. And homosexuals are losing and losing and losing, and they do not want to talk about abstinence.

Now, homosexuals know the risk they are running with their sexual conduct. They go on television programs. I saw one or two on "60 Minutes" the other night, 2 or 3 weeks ago. They discussed why they just cannot abstain and why it is so much more intimate not to try to protect themselves from being infected with AIDS or preventing others from being infected. They are not interested in abstinence. They are not interested. In all candor, Mr. President, when you get down to the guts, feathers and all, they do not give a damn.

But the rest of us do. A lot of us are sick and tired of all the pretenses of injured innocence. They are not innocent. They know it. And that is why they are so belligerent in their demands that homosexuality be accepted as just another lifestyle—indeed, a specially protected and encouraged lifestyle. And that is not a reckless statement because I am about to explain what I mean. I do not believe they will ever sell that bill of goods to the American people.

But back to Senator HATFIELD, the distinguished chairman of the Senate Appropriations Committee, and Senator ROBERT C. BYRD, who has served with distinction as chairman of that committee in the past, and he serves now, of course, as ranking minority Member. The Department of Health and Human Services has declined to make any useful information available to my staff or me. They say they have no records of how many homosexual advocacy groups receive or have received Ryan White funds. They have no record of what they do with it. But to that I say, why? Why? And I think the American people are entitled to say, why? It is not HHS money. It is not JESSE HELMS' money, and it is not NANCY KASSEBAUM's and certainly not TED KENNEDY's money, or any of his aides'. It is the American people's money. They have a right to know the full information.

Senators HATFIELD and BYRD and other members of the distinguished Senate Appropriations Committee might start by inquiring officially and formally how much Federal money was delivered to, for example, the Gay Men's Health Crisis Organization in New York, or right here in Washington, how about the homosexual outfit, the Whitman Walker Clinic? Surely, the Appropriations Committee is entitled to know. Surely, the Members of the Senate are entitled to know.

During the past 15 years, Mr. President—and I shall conclude shortly—AIDS has killed 270,000 people in this country.

Heart disease kills more than that in less than 5 months. Less than 2 percent of the deaths last year in America were the result of AIDS.

I go back to Ryan White. I was sorry for that young man then, and I am

sorry for him now. He died at age 18 of AIDS, a disease that he almost certainly contracted from that tainted blood that had its origin as a result of that homosexual airline flight attendant who was the first documented instance of the AIDS disease being brought into North America from Africa.

We will never know, of course, the precise list of individuals who passed the HIV virus along—in what they call the generational series of homosexuals—to drug users, and one or more of them contributed to that blood transfusion that Ryan White got.

But you know one thing, they were involved in it and they know it, too, but they want to obscure that. They usually go around Ryan White to attract sympathy for them, undeserved sympathy. I am talking about the ones who have not caught it yet, but they are playing Russian roulette and they want the discovery to be made so it will be safe for them. I do not think there is ever going to be a protection of that nature developed by science. I find myself hoping that it will be, but I just do not believe it is going to happen.

Ryan White was without blame. He was a hemophiliac who had to have a blood transfusion, but he did not deserve a fatal tainted blood transfusion.

Ryan White was innocent, and I pass no judgment on any member of his family or any other family who has lost in such a way a member of their family. I do not have any real problem—I do not understand it—but I do not have any problem with Ryan White's name being exploited by the kind of people who have acknowledged that they either cannot or will not even try to restrain their impulses to prevent the further spread of AIDS.

Michael Fumento, an associate of the Competitive Enterprise Institute in Washington, has written a book that all Senators should read, but probably will not. The name of the book is "The Myth of Heterosexual AIDS."

I wish some of the people in the press gallery would read it. Mr. Fumento relates that he called the offices of a number of Senators to inquire about the fairness of devoting so much of the taxpayers' money to one disease at the expense of other diseases. He said he asked in each Senate office for a statement on the fairness of it all. And then he wrote:

Wonder of wonders, I got no answer.

He concluded this way:

And while several Senators claim that as President they would be tough enough to deal with America's foreign adversaries, when it comes to AIDS activists, they go crawling for the deepest foxhole.

I am not looking for a foxhole. What I want is for the American people to be informed as to how this money is to be spent, where it is to be spent and by whom it is to be spent. Do not take the word of Senators who say, "Well, we had in our State this situation," or others, "We had our situation and it's terrible," and so forth and so on. Of

course, it is terrible, but that does not address the problem. Let us find out how this money is being spent. That is all I have said at any time along the line. No foxhole for me. We will find out sooner or later what happened.

Mr. President, I ask unanimous consent that an op-ed column written by Mr. Fumento, published on June 19 by the Washington Times, be printed in the RECORD at the conclusion of my remarks.

The PRESIDING OFFICER. Without objection, it is so ordered.

(See exhibit 1.)

Mr. HELMS. Mr. President, for the guidance of the clerk, the headline in the article is "Bill Oils the AIDS Squeaky Wheel."

Mr. President, I yield the floor.

EXHIBIT 1

[From the Washington Times, June 19, 1995]

BILL OILS THE AIDS SQUEAKY WHEEL

(By Michael Fumento)

Grab your wallet, folks! The Senate is about to demonstrate its boundless compassion again by spending billions of your dollars. But this time it won't just be unfair to taxpayers but to the great majority of Americans suffering from serious diseases.

The subject of this latest act of largesse is the cynically named Ryan White Act, which is up for reauthorization. With 58 co-sponsors, its Senate approval is virtually guaranteed, though for the moment its passage is blocked by North Carolina Republican Sen. Jesse Helms.

Enacted in 1990, ostensibly to provide care for such victims as Ryan White, the measure was a sham from the start. Young Ryan White was a hemophiliac who won the heart of the nation after he contracted AIDS. He died at age 18. But only 2 percent of AIDS victims in 1990 were hemophiliacs, according to the federal Centers for Disease Control and Prevention. Today it's 1 percent. Less than 2 percent of AIDS victims are under the age of 20.

One wonders how the bill would have fared had it been named the Robert Mapplethorpe Act, after the late homosexual photographer famous for such depictions as bullwhips extending from people's posteriors.

The Ryan White Act was also sold as a means of helping, as National Commission on AIDS Chairwoman June Osborne put it, the "many parts of rural America [that] are about to be blind-sided by the epidemic." Yet then, as now, cases from non-metropolitan areas amounted to 5 percent of those reported.

Predictably, almost all of the money went to those places that had the most AIDS cases. This means not Ryan White's town of Cicero, Ind., but rather New York City, Los Angeles, San Francisco and other areas that also happened to be Democratic strongholds. In other words, it followed the same supply lines as all the Democratic pork of that era. The money went for those who make up the bulk of AIDS victims: homosexual men and intravenous drug abusers.

Further, even on a per-patient level, the bill resulted in allocating several times more money per victim in larger cities than in less-populated areas.

Misnaming and misrepresenting the act has paid handsomely. In its first five years, spending more than doubled from \$276 million in 1991 to \$664 million for this year, for a total of over \$2 billion.

This time around, the bill is sponsored by Kansas Republican Sen. Nancy Kassebaum. When I called her office, her aide cited—

yes—the rural AIDS bogeyman. One wonders if the good senator knows that Kansas has all of 245 AIDS cases last year, just 3 percent of the national total. Of those, eight were children.

In fairness, Sen Kassebaum has rewritten the act so that more money will be authorized for rural areas. But with so few patients there, the money must necessarily flow right back through the old pork pipeline established in 1990.

The biggest difference this time is that the estimated cost will balloon from slightly more than \$2 billion to \$3.6 billion. This even though the AIDS epidemic is declining. New AIDS cases are being reported at a rate well below the 80,000 of last year.

Yet even if the bill weren't such a budget-buster, it would be terribly wrong.

Ryan White provides no money for medical research, so no one will ever be cured of AIDS with all those billions of spending. Along with some allocations for education that are redundant with the \$500 million federal AIDS education budget, the Ryan White Act simply provides money for treatment, drugs, free meals, in-home care and the like.

It's nice that sick people can get such services regardless of their income levels. But for anybody with any disease besides AIDS the sign on the door reads, "Go away!" There is no Gilda Radner Act for victims of ovarian cancer, no Ronald Reagan Act for Alzheimer's disease patients. Some elderly and indigent people with such diseases can qualify for programs like Medicare and Medicaid, but then so can AIDS patients.

No, the Ryan White Act was a gift to one extremely squeaky wheel. Not content with a medical research budget that dwarfs that of every other disease but cancer—despite being only the ninth-greatest killer of Americans—the AIDS activists demanded and got privileges that persons with other diseases can't even dream about.

Quite simply, the homosexual activists want special treatment because they themselves, and their friends, have an extraordinary chance of contracting the disease. Somehow they have translated "Gimme! Gimme! Gimme!" into a cry for compassion. Long gone are the days when AIDS activists begged merely to be treated no worse than the victims of diseases not associated with behaviors society finds distasteful.

I called the offices of both Sen. Kassebaum and the other Kansas senator, Bob Dole, for a statement about the fairness issue. Wonder of wonders, I got none. To a Congress always eager to take money from all of us and give it to some of us to buy votes, fairness is a four-letter word. And while several senators claim that as president they would be tough enough to deal with America's foreign adversaries, when it comes to AIDS activists they go crawling for the deepest foxhole.

Mrs. KASSEBAUM addressed the Chair.

The PRESIDING OFFICER (Mr. SANTORUM). The Senator from Kansas.

Mrs. KASSEBAUM. Mr. President, I would like to answer, some of the questions that were raised by the Senator from North Carolina. I know how much Senator HELMS genuinely cares about this issue. I would like start by saying that many of the 64 cosponsors of this legislation were cosponsors of the legislation in 1990. So they, I hope, are familiar with what was in the bill then and what is in the bill now.

We have had a through hearing on this bill. A GAO report on the funding equities and distribution, which had been requested by Senator BROWN of

Colorado and myself was used as the basis for that hearing. The report had been requested because of our concern about equity of funding for all individuals with AIDS.

I share with Senator HELMS a concern about the fact that sometimes we are not able to do the type of oversight that we should, but with the hearing and the GAO report we were able to propose in this bill changes to provide equity in the distribution of funds.

It is sad, but true, that there are many who have been victims of HIV. Some individuals like Ryan White contracted this disease through contaminated blood. Unfortunately, this illness has had a ripple effect with involvement of individuals from many walks of life but also the family members of those infected have also suffered. So we have to be mindful of all who have suffered. I think that this epidemic must be viewed in the broader sense of the epidemic and the tragedy.

Senator HELMS quoted figures related to the amount of money that has been expended for the major causes of deaths in this country. I lost a niece, several years ago to cancer. She had two small children. I remember through the years of her struggle with cancer discussing Federal Government funding levels for cancer. She questioned why there could not be more expended for cancer research than we were spending on AIDS. I spent time researching this important question in hopes of finding an answer. One thing that became apparent to me was that money that goes into research for HIV is also very valuable for other illnesses like cancer.

The figures that Senator HELMS gave were only for research, and I would like to give figures that include not only the research expenditures but also the moneys that come from Medicare, Medicaid, Social Security disability funding, and the Public Health Service moneys. For HIV and AIDS, it is about \$5.4 billion a year; for cancer, about \$15 billion a year; for heart disease, about \$34 billion a year.

One of the reasons that the Ryan White CARE legislation came into being, Mr. President, was to help provide assistance to those who were not eligible for Medicare; because they were not yet of age to receive Medicare or to receive Medicaid, because they had an income level which would not allow them to qualify. As we all know such medical care services even those that are basic can be very costly.

That was the genesis of the Ryan White legislation. It has grown significantly in funding since 1990, but so have the number of AIDS victims.

I suggested in 1990 that we do such sums. I do not think that this a good approach for defining the level of authorizations. I would propose an amendment, if this would be of any benefit, to say define the funding level for the first year which would be consistent with the appropriated levels reported recently by the House of Rep-

resentatives. The House appropriation figure just recently passed is \$656 million for 1996; then such sums in the following years. At least that puts a benchmark which gives some consistency between the House and Senate.

Senator HELMS mentioned a new title, title V, which was slated to receive a small amount of funding, \$17 million, in this year's authorization. I would like to explain this program a bit further. Title V is for AIDS Education Training Centers [AETC]. This title is not new. It has been moved from the health professions bill to this legislation. It seemed appropriate to consolidate those efforts related to AIDS into one legislation.

AETC's are not a new program. It has been funded for many years. Under this program, health providers are educated and trained in the best ways to treat individuals with AIDS, particularly children and women. Given the complications and numerous illnesses which individuals with AIDS often acquire, health providers benefit from this type of education. I believe that patients also benefit from better trained physicians and other providers. This explains why there is a new Title V, although we must remember that this is not new, but rather a program moved from the Health Professions program to this legislation.

Mr. President, this is not a piece of legislation that is enthusiastically embraced by everyone. It raises fears. It raises concerns. It certainly raised emotional levels and questions of morality, which Senator HELMS has noted.

I think the Senator from California earlier today, Senator FEINSTEIN, spoke with real eloquence, of two people she personally knew, and how it affects so many. Sometimes people who do not fit the pattern that Senator HELMS has mentioned are also infected.

AIDS touches people, not only those who are ill and/or dying, but it touches many others as well. That is why the Ryan White bill came into being—not to take his name in vain. The intention was to provide services that could be of help to families who are suffering—and to patients—who are infected with this disease.

I yield the floor. I do not know whether there are other amendments to be considered.

AMENDMENT NO. 1853

(Purpose: To require spousal notification in cases in which an individual is diagnosed with infection with the human immunodeficiency virus)

Mr. HELMS. Mr. President, I have some amendments to come before the Senate. I do not intend to second-degree anybody else's amendment, and I hope we can just have up-and-down votes and get this bill out of the way.

Now, Mr. President, I send an amendment to the desk and ask it be stated.

The PRESIDING OFFICER. The clerk will report.

The legislative clerk read as follows:

The Senator from North Carolina [Mr. HELMS] proposes an amendment numbered 1853.

Mr. HELMS. Mr. President, I ask unanimous consent that further reading of the amendment be dispensed with.

The PRESIDING OFFICER. Without objection, it is so ordered.

The amendment is as follows:

At the end, add the following new section:

SEC. . SPOUSAL NOTIFICATION.

(a) PROHIBITION ON THE USE OF FUNDS.—The Secretary shall not make a grant under this Act to any State or political subdivision of any State, nor shall any other funds made available under this Act, be obligated or expended in any State unless such State takes administrative or legislative action to require that a good faith effort shall be made to notify a spouse of an AIDS-infected patient that such AIDS-infected patient is infected with the human immunodeficiency virus.

(b) DEFINITIONS.—As used in this section—
(1) AIDS-INFECTED PATIENT.—The term "AIDS-infected patient" means any person who has been diagnosed by a physician or surgeon practicing medicine in such State to be infected with the human immunodeficiency virus.

(2) STATE.—The term "State" means a State, the District of Columbia, or any territory of the United States.

(3) SPOUSE.—The term "spouse" means a person who is or at any time since December 31, 1976, has been the marriage partner of a person diagnosed as an AIDS-infected patient.

(c) EFFECTIVE DATE.—Subsection (a) shall take effect with respect to a State on January 1 of the calendar year following the first regular session of the legislative body of such State that is convened following the date of enactment of this section.

Mr. HELMS. Let me sum up this amendment. I think we had two votes against it the last time.

This amendment requires that States receiving Federal funds for AIDS education and prevention take specific legislative and/or administrative steps to make sure that spouses—that is, the wife or husband—of an individual infected with the HIV/AIDS virus, that the spouse be promptly notified.

Let me say why I think we ought to vote on this again. Some years back, 2 or 3, I forget how long ago, there were several circumstances that led me to draft this amendment at that time.

It began when I received a call from a young woman who worked on the House side of the Congress who said, "Senator, my mother wants to come by and talk with you on a matter of confidence. She doesn't want you to ever use her name," and I shall not. They came, a lovely lady and her beautiful daughter. I shall never forget that visit. The meeting did not last long. After the usual amenities—and I had no idea what the lady wanted to discuss—but after the usual amenities, I seated them. The three of us began to discuss why she had come and what I might be helpful to her about.

At that point, tears welled up if that mother's eyes as she began to tell the story. She took a deep breath and stated the bottom line. She had AIDS, she said, "and I am dying." Her bisexual husband, you see, had infected her with the AIDS virus. He had not informed

her he was infected, and State law in her State forbade the family doctor from telling her—which I consider to be outrageous.

Now, Mr. President, we hear so much about protecting the confidentiality of AIDS-infected patients, yet we hear nothing about the fatal consequences of confidentiality laws. The homosexuals march in Washington, and they demand their rights, but what about the rights of this lovely lady and the thousands of others like her, potentially, who, through no fault of their own, have become infected with the deadly AIDS virus, or may be infected in the future?

Do they not have rights, too? Should there not be laws to protect the innocent spouses, instead of those who hide behind the confidentiality law and, as in this case, are causing others to die?

What a terrible tragedy. Only 12 States protect the lives of spouses of HIV-infected citizens, only 12 States. Eighteen States provide for notification of partners, but they are silent on the rights of spouses. What kind of fair play is that? And you know what I mean when I say "partner."

Does this not lead to the conclusion that some States may appear more concerned with protecting the interests of the HIV-positive spouse instead of the life of the unsuspecting innocent spouse?

This amendment does not require States to initiate a spousal notification program. It simply says that if States want Federal money, which they take from the taxpayer—if States want money to combat the AIDS virus, the AIDS disease, those States are going to have to make a genuine and concerted effort to protect innocent spouses from being exposed to the AIDS virus.

It is time to start treating AIDS as the public health issue that it is, rather than the civil rights issue that it has become. I have no doubt that if we take this step, it will help curb, to some extent at least, the spread of this lethal disease.

Mrs. KASSEBAUM addressed the Chair.

The PRESIDING OFFICER. The Senator from Kansas.

Mrs. KASSEBAUM. Mr. President, maybe, as a clarification of what we did last year, it is my understanding that, in law, from what we had before, that each State is required to set up its own notification system. Is that correct?

Mr. HELMS. Not to my knowledge. But even if it is, if you will forgive me, it will not hurt the Senate to go on record again.

Mrs. KASSEBAUM. No, I have no problem—I was just asking the Senator if he knew if that was not correct that each State is required to set up its own?

Mr. HELMS. My expert is sitting to my left, and sometimes to my right as well, and she says she does not know about that. And so, of course, I do not.

Mrs. KASSEBAUM. Mr. President, I suggest the absence of a quorum for a minute until we look at the language and get some comparison, so maybe we can accept that.

Mr. HELMS. That is fine, just so there is no attempt to second-degree my amendment, because then we will have protracted debate.

Mrs. KASSEBAUM. No, I agree with the Senator. I know the effect of a second-degree amendment.

Mr. HELMS. I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

Mr. HELMS. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER (Mr. THOMPSON). Without objection, it is so ordered.

Mr. HELMS. Mr. President, I ask for the yeas and nays on the pending amendment.

The PRESIDING OFFICER. Is there a sufficient second?

There is a sufficient second.

The yeas and nays were ordered.

Mr. KENNEDY addressed the Chair.

The PRESIDING OFFICER. The Senator from Massachusetts.

Mr. KENNEDY. Mr. President, I hope that this amendment will be accepted by the membership. I intend to vote for it.

The PRESIDING OFFICER. Is there further debate on the amendment? If not, the question is on agreeing to the amendment. On this question, the yeas and nays have been ordered, and the clerk will call the roll.

The legislative clerk called the roll.

Mr. LOTT. I announce that the Senator from Utah [Mr. BENNETT], is necessarily absent.

Mr. FORD. I announce that the Senator from Illinois [Mr. SIMON], is necessarily absent.

The PRESIDING OFFICER. Are there any other Senators in the Chamber who desire to vote?

The result was announced—yeas 98, nays 0, as follows:

[Rollcall Vote No. 332 Leg.]

YEAS—98

Abraham	Daschle	Hollings
Akaka	DeWine	Hutchison
Ashcroft	Dodd	Inhofe
Baucus	Dole	Inouye
Biden	Domenici	Jeffords
Bingaman	Dorgan	Johnston
Bond	Exon	Kassebaum
Boxer	Faircloth	Kempthorne
Bradley	Feingold	Kennedy
Breaux	Feinstein	Kerrey
Brown	Ford	Kerry
Bryan	Frist	Kohl
Bumpers	Glenn	Kyl
Burns	Gorton	Lautenberg
Byrd	Graham	Leahy
Campbell	Gramm	Levin
Chafee	Grams	Lieberman
Coats	Grassley	Lott
Cochran	Gregg	Lugar
Cohen	Harkin	Mack
Conrad	Hatch	McCain
Coverdell	Hatfield	McConnell
Craig	Heflin	Mikulski
D'Amato	Helms	Moseley-Braun

Moynihan	Reid	Snowe
Murkowski	Robb	Specter
Murray	Rockefeller	Stevens
Nickles	Roth	Thomas
Nunn	Santorum	Thompson
Packwood	Sarbanes	Thurmond
Pell	Shelby	Warner
Pressler	Simpson	Wellstone
Pryor	Smith	

NOT VOTING—2

Bennett Simon

So the amendment (No. 1853) was agreed to.

Mrs. KASSEBAUM. Mr. President, I move to reconsider the vote by which the amendment was agreed to.

Mr. KENNEDY. I move to lay that motion on the table.

The motion to lay on the table was agreed to.

Mr. LOTT addressed the Chair.

The PRESIDING OFFICER. The Senator from Mississippi.

UNANIMOUS-CONSENT REQUEST—
S. 908

Mr. LOTT. Mr. President, I ask unanimous consent that the Senate turn to the consideration of S. 908, the State Department reauthorization bill, immediately following the disposition of S. 641, the Ryan White bill.

Mr. DASCHLE addressed the Chair.

The PRESIDING OFFICER. The Democratic leader.

Mr. DASCHLE. Mr. President, I object. Let me just respond.

I was under the impression that we had an agreement that following the disposition of the Ryan White Act, we would go back to the legislation relating to gifts. That has been everyone's understanding. I am hopeful that we can do that. I think we are very close. I think we could work under a time agreement.

I had the opportunity to talk to a number of those who have been actively involved in the negotiations, and I think progress is being made. So there is really absolutely no reason at this point to move on to other legislation until we resolve that. I hope that all our colleagues will understand that and will persist in keeping to the schedule that everyone was working under the assumption we would have, beginning with the disposition of the Ryan White Act.

Mr. LOTT. Mr. President, if I might respond to the distinguished minority leader's comments, there is a lot of work underway on the gift rule issue. I think progress is being made. There are a couple of different packages that are out there, with some potential amendments pending. I do not think that we have come to closure on that, although we are continuing to work in a bipartisan way, and we have meetings later on tonight to see exactly where we are.

We would like to get some sort of understanding about what the procedure would be for it to come up. I think we are getting there, but I do not think we are quite ready to go to the gift rule issue yet. It may be that tomorrow we will be. I think the leader would like to

do that, intends to do that before this week is out, and we will continue to move in that direction.

In order for us to make sure that we have legislation ready to go, we need to make this effort. But in view of the objection—

Mr. DASCHLE. Mr. President, if I can respond briefly, and I appreciate the explanation given by the Senator from Mississippi, I suspect what this means is there will be cloture motions filed. Frankly, I think the message that that sends is not the one that many of us would really like to see.

No one is holding up State Department authorization. No one is holding up foreign aid appropriations. No one is holding up any legislation of which I am aware. So to lay down cloture motions under these circumstances seems to me, first, premature, and then second, in violation of what I thought was an understanding we had on both sides that we would go to gifts.

There was not any axiom to that, any corollary that said it was only if we had some agreement about the procedure or about amendments that we would return to gifts. The issue was, would we do gifts and lobbying together this week? The answer was, yes, we were going to do that. Now we do not have that understanding. It is a violation, certainly, of the understanding that we have had on both sides.

So I am very disappointed, frankly, that the majority has seen fit to file cloture motions prior to the time we even have any appreciation as to whether or not there are objections to the bills themselves or even going to the bills. There are none, to my knowledge.

Mr. LOTT. Mr. President, I would like to say as one who has been actively involved in trying to move these negotiations along this week and feeling we made great progress and actually came to conclusion on a unanimous vote on a lobby reform bill—I wonder how many people would have thought that was possible 1 week ago. We did it.

We are now working feverishly to try to come to a reasonable agreement on the gift rule issue. There is no intent to not keep commitments, and the fact is to keep them. We would like to continue to do it in a low-key, reasonable and bipartisan way. We are going to do that.

The leader has every intention of us doing what we said we would do on gifts. He has kept his commitment to bring up both of them. We are working. I think what he is hoping for is that those of us who are involved would get to a point and say, "Yes, we are ready to go back." Both sides right now would say we are not quite there.

Having said that, also with regard to the cloture motion, while you might say in the classic sense we have not had any filibusters this year, in fact every bill we have had up this year, with maybe one or two exceptions, has been very lengthy with hundreds of

amendments. I really wonder sometimes how the Senate looks when we have 127 amendments pending on a bill. What happened to the committee process around here?

Mr. DASCHLE. Will the Senator yield?

Mr. LOTT. Without getting into a further argument on that, if we do not file a cloture motion now, then we would not be able to get a vote on that by Friday. If we are going to be able to complete very vital legislation before we leave for the August recess period, we have to complete the gift issue, hopefully we could complete regulatory reform, we have State Department authorization.

You would think we would all like to get to conclusion on State Department authorization. We have the foreign aid authorization bill pending, the DOD authorization bill pending, DOD appropriations and welfare reform, all of which we would like to get done. If we are going to get them done, we cannot spend a week each on every bill. I will be glad to yield.

Mr. DASCHLE. Just for a clarification. I am interested in knowing if the cloture motions are on the bill or the motion to proceed, and if they are on the motion to proceed, can the distinguished Senator from Mississippi inform us on the number of filibusters on motions to proceed to bills so far this year?

Mr. LOTT. They are both on the motion to proceed and in anticipation of likely resistance to proceed. Maybe it will not occur, but that possibility does exist and there had been some indications that might happen. Maybe it will not be necessary.

Let me say this, too. We always have the option—if we work out agreements, if we are making progress—we can vitiate these. But if we wait until Friday and we do have a filibuster on a motion to proceed and we are not making progress, it is too late then to file a cloture motion, and then we are over to Saturday or next Monday or next Tuesday.

I understand how the minority leader feels about this, and I know sometimes that filing cloture motions make it more difficult for us to sort of get together. But you must also understand, as the majority leader did in the previous Congresses, you have to try to find a way to move things along.

It is not easy. It is very hard. I had no appreciation whatsoever of what the majority leader is up against in the Senate, when Senator Mitchell was the majority leader. Now I have had a chance, being a little closer as the whip, to see what the majority leader goes through of either party, and it is a very tough job with the rules we have in the Senate.

This is not intended to slight anybody. It is not intended to make anybody mad. It is intended to try to have an opportunity to move the process along, and I hope that it will be taken in that spirit. The last time a cloture